S. No. 2 —4-13-40 . 5-17-39 №1 X23159	DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH State Pile No.				1761
_	Registration District No	Primary Registration Distr	let No. 5-112	Registrar's No	14
SE UNFADING BLACK INK—MAKE A PERMANENT RECORD	(c) Name of hospital or institution:  (If not in hospital or institution, write tree  (d) Length of stay: In hospital or institution.  In this community  years, months or days)	te "Biffield" and name of township)  ot number of logilion)  (Specify Thether  ERINE LOONCE	(d) Street No  (e) If foreign born, how long in U. S. A	(1) County City or town limits, write:	Done 6  august 10  ourship  years.
	3. (b) If veteran, name war  4. Settement 5. Color or race has been race has been been been been been been been bee	3. (c) Social Security No. 222 Single, widowed, married, divorced Assert	year J J hour hour 21. I hereby certify that I attended the 19 hour hat I last saw herealive on J 2	po Jana	194/;
	7. Birth date of deceased (Month)	6. (c) Age of musband or wife if all very least years (Day) (Year)	and that death occurred on the state and Immediate cause of death.	manha	Duration  2 Mondes
	9. Birthplace (City term or pounty)  10. Usual occupation	If less than one day  hr. min.  (State or Egreign country)	Due to	13 W	
LY—USE	11. Industry or business  12. Name  13. Birthplace	Hickory	Major findings: Of operations		PHYSICIAN
WRITE PLAINLY	14. Maiden name	(State or foreign country)	Of autopsy. None		the cause to which death should be charged statistically.
WRIT	16. (a) Informant (b) Address (b) Address (c)	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide (specify)			
;	(Clty or town) (County) (State)  (Byfal, cremation, or removal)  (County) (State)  (County) (State)				
	19. (a) 1/2/14 (b) White Selly 23. Signature 7 3 , Sry (M. D. or other) 24 (Licensed Embalmer's Statement on Reverse Side)				

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.....

Licensed Embalmer N Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.